

10 February 1960

25X1A

Dear Hazel:

We were advised yesterday by [REDACTED] personnel that the certificates of service for the first six months of 1959 are being forwarded to you directly from the test site.

25X1A



HRE/pe

12/16
1/31

FEB 13 12 36 PM '60

STATINTL

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

CERTIFICATE OF SERVICE

STATINTL

To: Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| 1/12-18 | | 14 | 11 | 8 | | | |
| 1/26-31 | | 9 | 8 | 9.5 | 8 | | |

3. Description of Work Performed:

Supervised photo section for this month.
Flew "B" #14 on PTF-323 and PTF-324

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of P.S. Engr.)

5. ~~I certify that,~~ To the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Lt. Colonel, USAF
Deputy Commander

Name

Rank

Signature
(Manual signature required)

6. Remarks:

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

STATINTL

CERTIFICATE OF SERVICE

Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 2-1-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 2/2-8 | 11 | 10 | 8 | | | | |
| 2/16-22 | 10 | 11 | 9 | 8 | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Supervised photo section for this month.
Flew "B" Camera on three flights. PTF-325, 326, and 327.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner. STATINTL

(If services were not satisfactory, complete written report and forward)

Lt. Colonel, USAF
Deputy Commander

Name

Rank

Signature
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 3-1-59 thru 3-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 3/2-8 | | | 4 | 8 | 8 | | |
| 3/9-15 | 11 | 12 | 8 | 8 | 8 | | |
| 3/16-22 | | | | | | | |
| 3/23-29 | 8 | 8 | 8 | 8 | 8 | | |
| 3/30-31 | 8 | 8 | | | | | |

3. Description of Work Performed:

Supervised photo section for this month. Made out reports.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

(Signature of F. S. Engr.)

5. ~~I certify that,~~ To the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report and forwarded)

Lt. Colonel, USAF
Deputy Commander

Name

Rank

Signature
(Manual signature required)

6. Remarks:

STATINTL

For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

Lt. Colonel, USAF
Deputy Commander

CERTIFICATE OF SERVICE

STATINTL

To:

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 4-1-59 thru 4-30-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------|------|-------|------|--------|------|------|------|
| 4/1-5 | | | 8 | 8 | 8 | | |
| 4/6-12 | 8 | 8 | 8 | 8 | 8 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Made Star calibration tests on "B" #14 and 731 Lens.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner. STATINTL

(If services were not satisfactory, complete written and forwarded)

Lt. Colonel, USAF
Deputy Commander

Name

Rank

Signature
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

 STATINTL
 To: Lt. Colonel, USAF
 Deputy Commander

Date:

4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 1/1-4 | | | | | | | |
| 1/4-11 | | | | | | | |
| 1/12-18 | 8 | 14 | 12 | 8 | 8 | | |
| 1/19-25 | | | | | | | |
| 1/26-31 | | 9 | 8 | 9.5 | 8 | | |

3. Description of Work Performed:

Process 3,600 ft. Film take from PTF-323 Flown 1/14/59
 Assisted in preparing, installing and removing "B" #14 for PTF-323 & PTF-324
 Processed 1,800 ft. of film from PTF-324
 Mixed Photo developing chemicals.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

25X1A

(Signature of F. S. Engr.)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written
 and forwarded)

 Lt. Colonel, USAF
 Deputy Commander

Name

Rank

 Signature
 (Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To: Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. **Period of Certificate (Inclusive dates)** 2-1-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 2/2-8 | 8 | 10 | 16 | 13 | 8 | | |
| 2/9-15 | | | | | | | |
| 2/16-22 | 8 | 8 | 11 | 8 | | | |
| | | | | | | | |

3. **Description of Work Performed:**

Processed 1,800 ft. of film from PTF-324
Processed 9,000 ft. of film from PTF-325
Processed 900 ft. of film from PTF-326
Mixed photo developing chemicals
Processed 1,800 ft. of film from PTF-327

4. **I certify that the information above is true and correct to the best of my knowledge and belief.**

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that~~ **To the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.**

(If services were not satisfactory, complete written report and forwarded)

STATINTL

Lt. Colonel, USAF
Deputy Commander

Name


Rank

Signature
(Manual signature required)

6. **Remarks:**

STATINTL

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9


Lt. Colonel, USAF
Deputy Commander

CERTIFICATE OF SERVICE

STATINTL

To:

Date:

4 FEB 1960

From:


1. Period of Certificate (Inclusive dates) 3-1-59 thru 3-31-59

| 2. | Mon. | Tuss. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------|------|-------|------|--------|------|------|------|
| 3/9-15 | 9 | 14.5 | 8 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Processed 5,400 ft. of film from PTF-328

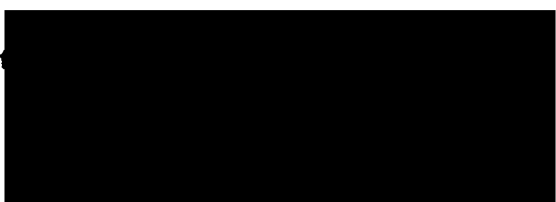
STATINTL

4. I certify that the information above is true and correct to the best of my knowledge and belief.


(Signature of F. S. Engr.)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report and forward)


Lt. Colonel, USAF
Deputy Commander

Name

Rank

Signature
(Manual signature required)

6. Remarks:

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

STATINTL

Approved For Release 2001/09/05 : CIA-RDP81B00678R001300050144-9

[REDACTED]
CERTIFICATE OF SERVICE

STATINTL

To: Lt. Colonel, USAF
Deputy Commander**Date:** 4 FEB 1960**From:** [REDACTED]**1. Period of Certificate (Inclusive dates)** 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|-----------|-------------|--------------|-------------|---------------|-------------|-------------|-------------|
| | | | | | | | |
| 1/12-18 | 8 | 14 | 12 | 8 | 8 | | |
| 1/19-25 | 8 | 8 | 8 | 8 | 8 | | |
| 1/26-31 | | 9 | 8 | 9.5 | 8 | | |

3. Description of Work Performed:PTF-323 1/14/59 B #14
PTF-324 1/29/59 B #14Installed new H.C. and driftsigh in A/C 344 and boresighted.
Processed 3,600 ft. of film from PTF-322.**4. I certify that the information above is true and correct to the best of my knowledge and belief.**

STATINTL

[REDACTED]
(Signature of F. S. Engr.)**5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.**

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

[REDACTED]
Lt. Colonel, USAF
Deputy Commander**Name****Rank****Signature**
(Manual signature required)**6. Remarks:**

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

CERTIFICATE OF SERVICE

STATINTL
To: Lt. Colonel, USAF
STATINTL
From: [REDACTED]
Deputy Commander

Date: 4 FEB 1960

1. Period of Certificate (Inclusive dates) 6-1-59 thru 6-30-59
~~6-1-59~~ ~~6-30-59~~

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| | | | | | | | |
| 6/22-28 | 8 | 11.5 | 9 | 15 | 10.5 | 10 | |
| | | | | | | | |

3. Description of Work Performed:

Installed vibration instrumentation wiring in J-75 aircraft for testing.
"B" Camera in J-75 equiped aircraft.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~Signature~~ To the best of my knowledge and belief, the services reported above were performed in a satisfactory manner. STATINTL

(If services were not satisfactory, complete with reasons and forwarded)

Name

Rank

Lt Colonel, USAF
Deputy Commander
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL To:

Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 21-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 2/2-8 | 11 | 10 | 10 | 8 | 8 | | |
| 2/9-15 | | | 8 | | | | |
| 2/16-22 | 10 | 11 | 9 | 8 | | | |
| 2/23-28 | 8 | 8 | | | | | |

3. Description of Work Performed:

Prepared, installed and removed B #14 for flights PTF-325, 326, & 327
 Processed 1,800 ft. of film from PTF-325
 Processed 1,800 ft. of film from PTF-327

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL


 (Signature of F. S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

 Lt. Colonel, USAF
 Deputy Commander
 Signature
 (Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To: [REDACTED]
Lt. Colonel, USAF
Deputy Commander,

Date: 4 FEB 1960

From: [REDACTED]

1. Period of Certificate (Inclusive dates) 3-1-59 thru 3-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 3/2-8 | | | 4 | 8 | 8 | | |
| 3/9-15 | 11 | 12 | 10 | 9 | 8 | | |
| 3/16-22 | | 8 | 8 | 8 | 8 | | |
| 3/23-29 | 8 | 8 | 8 | 8 | 8 | | |
| 3/30-31 | 8 | 8 | | | | | |

3. Description of Work Performed:

Prepared and installed "B" #14 for PTF-328

Processed 4,600 ft. of film from PTF-328

Took physical inventory of photo section's test site equipment.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

25X1A

[REDACTED]
(Signature of F. S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

[REDACTED]
Lt. Colonel, USAF
Deputy Commander

Name

Rank

Signature
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To: Lt. Colonel, USAF
Deputy Commander
From: [REDACTED]

Date: 4 FEB 1960

1. Period of Certificate (Inclusive dates) 4-1-59 thru 4-30-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 4/1-5 | | | 8 | 8 | 8 | | |
| 4/6-12 | 8 | 8 | 8 | 8 | 8 | | |
| 4/13-19 | 8 | 8 | 8 | 8 | 8 | | |
| 4/20-26 | 8 | 8 | 8 | 8 | 8 | | |
| 4/27-30 | 8 | 8 | 8 | 8 | | | |

3. Description of Work Performed:

Made Star calibration tests on "B" #14 and 731 Lens.

Prepared, installed, removed, A-1 #8 for Pilot proficiency flights PTF-329, PTF-331, PTF-332, PTF-333, and PTF-334.

Processed film from above mentioned flights. Prepared, installed, and removed B #14 for Pilot proficiency flight PTF-330. Processed film from PTF-330.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

25X1A

(Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature Lt. Colonel, USAF
(Manual signature required) Deputy Commander

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL To:

Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 5-1-59 thru 5-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 5/1-3 | | | | | 8 | | |
| 5/4-10 | 8 | 8 | 8 | 8 | 8 | | |
| 5/18-24 | 8 | 8 | | | | | |

3. Description of Work Performed:
Made star calibration tests on B #11

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature Lt. Colonel, USAF
(Manual signature required) Deputy Commander

6. Remarks:

CERTIFICATE OF SERVICE

STATINTL

STATINTL

To:

Lt. Colonel, USAF
Deputy Commander

Date:

4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 6-1-59 thru 6-30-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 6/1-7 | 8 | 12.5 | 9.5 | 12 | 8 | | |
| 6/8-14 | 14.5 | 14 | 10 | 10 | 8 | | |
| 6/15-21 | 11 | 10 | 11.5 | 12 | 8 | | |
| 6/22-28 | 13.5 | 16 | 8.5 | 20.5 | 9 | 8.5 | 9 |
| 6/29-30 | 10.5 | 8 | | | | | |

3. Description of Work Performed:

Supervised photo sections activities for this month. Prepared and flew seven photo flights this month. "B" Camera #11 on PTF-335 and 336. A-2 Camera #8 on PTF-338. "B" Camera #14 on PTF-337, 339, 340, and 341. PTF-339, 340, and 341 were vibration instrumented flights for J-75 aircraft tests.

4. I certify that the information above is true and correct to the best of my knowledge and belief. STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner. STATINTL

(If services were not satisfactory, complete written and forwarded)

Name

Rank

Signature

Lt. Colonel, USAF
Deputy Commander

(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTLTo:

Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1/26-31 | | 9 | 8 | 9.5 | 8 | | |

3. Description of Work Performed:

Assigned to Test Site for detachment training.
Assisted in preparing "B" Camera #14 for PTF-324

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that~~ To the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report and forwarded)

Name

Rank

Signature

(Manual signature required)

Lt. Colonel, USAF
Deputy Commander

6. Remarks:

CERTIFICATE OF SERVICE

STATINTL

STATINTL

To: 
Lt. Colonel, USAF
From: 
Deputy Commander


Date: 4 FEB 1960

1. Period of Certificate (Inclusive dates) 2-1-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|-------|------|-------|------|--------|------|------|------|
| 2/2-8 | 11 | 10 | 8 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Assisted in preparing "B" #14 for PTF-325

4. I certify that the information above is true and correct to the best of my knowledge and belief. STATINTL


(Signature of F. S. Engr.)

5. ~~I certify that~~, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

Name

Rank

Signature Lt. Colonel, USAF
Deputy Commander
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL To:

Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 3-1-59 thru 3-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 3/16-22 | | 8 | 8 | 8 | 8 | | |
| 3/23-29 | 8 | 8 | 8 | 8 | 8 | | |
| 3/30-31 | | 5 | | | | | |

3. Description of Work Performed:

Assisted in physical inventory of Photo section's test site equipment

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. I ~~certify that~~, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report and forward)

STATINTL

Name

Rank

Signed by
Signature

Lt. Colonel, USAF
Deputy Commander

(Manual signature required)

6. Remarks:

CERTIFICATE OF SERVICE

STATINTL

STATINTL

To: Lt. Colonel, USAF
Deputy Commander
From: [REDACTED]

Date: 4 FEB 1960

1. Period of Certificate (Inclusive dates) 4-1-59 thru 4-30-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------|------|-------|------|--------|------|------|------|
| 4/1-5 | | | 8 | 8 | 8 | | |
| 4/6-12 | 8 | 8 | 8 | 8 | 8 | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Made Star calibration tests with B #14 and 731 Lens.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

[REDACTED]
(Signature of P. S. Engr.)

5. ~~I certify that~~ To the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signed by Lt. Colonel, USAF
Signature Deputy Commander
(Manual signature required)

6. Remarks:

CERTIFICATE OF SERVICE

STATINTL

STATINTL

To: Lt. Colonel, USAF
Deputy Commander

Date:

4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 5-1-59 thru 5-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------|------|-------|------|--------|------|------|------|
| 5/4-10 | 8 | 8 | 8 | 8 | 8 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Made Star calibration tests on B #11.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F/S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature Lt. Colonel, USAF
(Manual signature required) Deputy Commander

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To:

Lt. Colonel, USAF

Date:

4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 6-1-59 thru 6-30-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 6/1-7 | | 10.5 | 9.5 | 12 | 8 | | |
| 6/8-14 | 14 | 14 | 10 | 10 | 8 | | |
| 6/15-21 | 11 | 10 | 11.5 | 12 | 8 | | |
| 6/22-28 | 13.5 | 16 | 11.5 | 11 | 9 | 8.5 | 9 |

3. Description of Work Performed:

Assisted in preparing cameras for PTF-335, 336, 337, 338, 339, 340, and 341.
Processed film from above mentioned flights.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature

Lt. Colonel, USAF

(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To:

Lt. Colonel, USAF
Deputy Commander

Date:

4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| 1/12-18 | 8 | 8 | 8 | | | | |
| 1/19-25 | | 9 | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Made star shots for calibration tests of 731 Lens.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature Lt. Colonel, USAF
Deputy Commander
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To: 
Lt. Colonel, USAF

Date: 4 FEB 1960

From: 

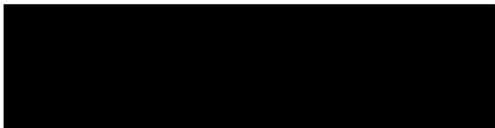
1. Period of Certificate (Inclusive dates) 4-1-59 thru 4-30-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| | | | | | | | |
| 4/20-26 | | | 8 | 8 | 8 | | |
| | | | | | | | |

3. Description of Work Performed:
Made Star calibration tests on "B" #14 and 731 Lens.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL



(Signature of F. S. Engr.)

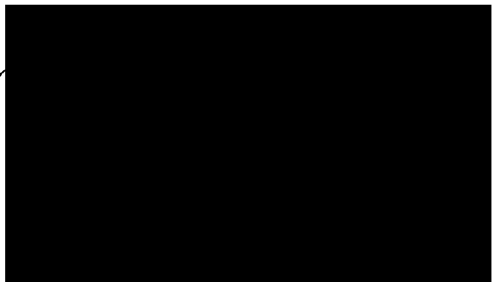
5. ~~I certify that~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank



Lt. Colonel, USAF
Deputy Commander

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To: Lt. Colonel, USAF
Deputy Commander

Date:

4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 5-1-59 thru 5-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------|------|-------|------|--------|------|------|------|
| 5/4-10 | 8 | 8 | 8 | 8 | 8 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Made star calibration tests on B #11.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

Signature of F. S. Engr.)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature Lt. Colonel, USAF
Deputy Commander
(Manual signature required)

6. Remarks:

CERTIFICATE OF SERVICE

STATINTL

STATINTL

To: Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. **Period of Certificate (Inclusive dates)** 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| 1/12-18 | 8 | 8 | 8 | | | | |
| | | | | | | | |
| | | | | | | | |

3. **Description of Work Performed:**

Made star shots for calibration tests of 731 Lens.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

(Signature of F. S. Engr.)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

X1A

STATINTL

Name

Rank

Signature

Lt. Colonel, USAF

(Manual signature required)

6. **Remarks:**

STATINTL

CERTIFICATE OF SERVICE

STATINTL
To: Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From:

1. Period of Certificate (Inclusive dates) 2-1-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------|------|-------|------|--------|------|------|------|
| 2/9-15 | | 8 | 8 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:
Prepared Vibration instrumentation on "B" Camera S/N 14 for PTF-326.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signature Lt. Colonel, USAF
Deputy Commander
(Manual signature required)

6. Remarks:

STATINTL

CERTIFICATE OF SERVICE

STATINTL

To: Lt. Colonel, USAF
Deputy Commander,

Date:

4 FEB 1980

From:

1. Period of Certificate (Inclusive dates) 1-1-59 thru 1-31-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| | | | | | | | |
| 1/12-18 | | 14 | 12 | 8 | | | |
| 1/26-31 | | 9 | 8 | 9.5 | 8 | | |

3. Description of Work Performed:

Typed reports, and assisted in preparing "B" Camera #14 for PTF-323 and 324.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

25X1A

(Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

STATINTL

Name

Rank

Signed by Lt. Colonel, USAF
Signature Deputy Commander
(Manual signature required)

6. Remarks:

STATINTL

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

CERTIFICATE OF SERVICE

STATINTL

To:

Lt. Colonel, USAF
Deputy Commander

Date:

4 FEB 1969

From:

1. Period of Certificate (Inclusive dates) 2-1-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 2/2-8 | 11 | 10 | 9 | 8 | | | |
| 2/16-22 | 10 | 8 | | | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Typed reports and assisted in preparing B #14 for PTF-325.

4. I certify that the information above is true and correct to the best of my knowledge and belief.

(Signature of F. S. / Engr. /)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

(If services were not satisfactory, complete written report has been prepared and forwarded)

Name

Rank

Signature

Lt. Colonel, USAF
Deputy Commander

(Manual signature required)

6. Remarks:

Approved For Release 2001/09/05 : CIA-RDP81B00878R001300050144-9

CERTIFICATE OF SERVICE

STATINTL

To: [REDACTED]
Lt. Colonel, USAF
Deputy Commander

Date: 4 FEB 1960

From: [REDACTED]

1. Period of Certificate (Inclusive dates) 2-1-59 thru 2-28-59

| 2. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|---------|------|-------|------|--------|------|------|------|
| 2/9-15 | | 8 | 8 | | | | |
| 2/16-22 | 9 | 10 | 8 | 8 | | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

PTF-326 2/17/59
PTF-327 2/18/59
Vib. Study B #14

4. I certify that the information above is true and correct to the best of my knowledge and belief.

STATINTL

(Signature of F. S. Engr.)

5. ~~I certify that,~~ to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

STATINTL

(If services were not satisfactory, complete written report has been prepared and forwarded)

Name

Rank

Signature

(Manual signature required)

Lt. Colonel, USAF
Deputy Commander

6. Remarks:

CERTIFICATE OF SERVICE

TO:

Date: April 10, 1959

FROM:

1. Period of Certificate (Inclusive Dates) 4-6-59 thru 4-12-59

| 2. | M | T | W | T | F | S | S |
|----|----|----|---|---|---|-------|-------|
| | 12 | 10 | 8 | 9 | 8 | ----- | ----- |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Installed A-1 configuration in article 343. (mount was modified to fit in this aircraft due to "C" bag in bay)

4. I certify that the information above is true and correct to the best of my knowledge and belief.

(Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

STATINTL

(If services were not satisfactory, complete written and forwarded.)

Name

LT. COL. USAF.
Rank

Signature
(Manual signature required)
(No facsimile acceptable)

6. Remarks:

CERTIFICATE OF SERVICE

TO:

Date: April 17, 1959

FROM:

1. Period of Certificate (Inclusive Dates) 4-13-59 thru 4-19-59

| | M | T | W | T | F | S | S |
|--|---|----|----|----|---|---|---|
| | 9 | 12 | 10 | 13 | 6 | — | — |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Installed and maintained A-1 and "B" configurations for pilot training flights.

STATINTL

4. I certify that the information above is true and correct to the best of my knowledge and belief.

(Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

STATINTL

STATINTL

(If services were not satisfactory, complete written report and forward.)

Rank

LT COL

Signature

(Manual signature required)
(No facsimile acceptable)

6. Remarks:

CERTIFICATE OF SERVICE

TO:

Date: 4-24-59

FROM:

1. Period of Certificate (Inclusive Dates) 4-20-24 thru 4-26-59

| 2. | M | T | W | T | F | S | S |
|----|---|---|---|----|---|---|---|
| | 9 | 9 | 9 | 11 | 8 | | |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Prepared and installed Tracker and A-1 configurations for flights 4-21-59 and 4-23-59.
Processed mail from 4-21-59 flight

STATINTL

4. I certify that the information above is true and correct to the best of my knowledge and belief.

(Signature of P. S. Engle)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

STATINTL

(If services were not satisfactory, complete written report and forwarded.)

Name

Rank

(Manual signature required)
(No facsimile acceptable)

6. Remarks:

CERTIFICATE OF SERVICE

STATINTL

STATINTL

TO: [REDACTED]

Date: May 1, 1959

FROM: [REDACTED]

1. Period of Certificate (Inclusive Dates) 4-27-59 thru 5-3-59

| 2. | M | T | W | T | F | S | S |
|----|---|---|----|----|---|-------|-------|
| | 9 | 9 | 10 | 10 | 8 | ----- | ----- |
| | | | | | | | |
| | | | | | | | |

3. Description of Work Performed:

Prepare and install A-1 configuration for PTF-333 and PTF-334.
 Process film take from flights PTF-332 and PTF-333.
 Evaluate flights PTF-332 and PTF-333 for target coverage.

STATINTL

4. I certify that the information above is true and correct to the best of my knowledge and belief.

[REDACTED]
 (Signature of F. S. Engr.)

5. I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner.

STATINTL

(If services were not satisfactory, complete written report and forward.)

Name

Rank

[REDACTED]
 (Manual signature required)
 (No facsimile acceptable)

6. Remarks:

Six pilot training flights to date. Five A-1 configuration missions and one "B" configuration mission have transported film 100% with full mission coverage.